

distribution of scientific medical care in the twentieth?

Yet, on the other hand, it would be doubly wrong to limit the doctor's *giving*. He is a poor excuse for a physician who is not essentially a missionary. Now it is of the very nature of missionary work that those who need it, and get it, cannot pay for it, or will not. If the anti-tuberculosis campaign of education, diagnosis and treatment and segregation had to be paid for, from this day forward, item by item, by those whose lives it is saving, the whole thing would be at an end, and we would lose in a month or two what has been gained in a generation.

"The care of the sick is to be placed above and before every other duty." There is little doubt that the men of our profession today walk in the way of that precept quite as straitly as the average confreres of Saint Benedict, but we work in a system which for our day is even more obsolete than theirs. Ways must be found for a far wider application of our very wonderful medical science to the

needs of men. Nothing else matters to our profession, but that it should do its utmost for the help of the people. What its place may be in any new order that may come will depend upon the greatness and the spirit of our services. As Hippocrates said, "Where there is love of humanity there will be love of the profession." Tributes to the Maclures among us have been for what they gave, not for what they got. Whether we recognize it or not, even the cement that holds us together,—as Cushing has recently told us—is not self-interest but a common devotion to a worthy cause. Some better system may well bring to us a vista, a scope, and even a dignity we have never known. At any rate the spirit of our calling is the precept of Saint Benedict, which, to close with, may be given again, but this time in the words of Sir Thomas Browne—"Though a cup of cold water from some hand may not be without its reward, yet stick not thou for wine and Oil for the wounds of the Distressed."

D. A. STEWART

THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE

IN this issue of the *Journal* we publish an account of the annual meeting of the Canadian National Committee for Mental Hygiene held in Montreal on December 3, 1926. Our readers will be interested in the address on "Mental Hygiene and Public Health" by Dr. George E. Vincent, President of the Rockefeller Foundation, and in the reports of the activities of the Committee.

Since 1918 the National Committee has directed its attention to the improvement of facilities for the diagnosis and treatment of existing cases of mental disability and to a programme of prevention. For a five year period government surveys were conducted for the purpose of gathering facts concerning the problem of mental and nervous disorders in Canada. These studies made it clear that the mentally disordered were far more numerous than had been expected; that treatment facilities both in and out

of institutions were often inadequate; that because of neglect to provide efficient treatment the national efficiency of the country was being greatly reduced; and that prevention in Canada had not been practised nor had it been considered seriously.

It is to the credit of the National Committee that it has been successful in winning the support of Governments and other official bodies for the promotion of a progressive mental hygiene policy. Millions of dollars have been spent in accordance with Committee recommendations for the enlargement and improvement of mental hospitals, for the establishment of special classes for subnormal children in schools, for the organization of mental clinics, for parental education in child rearing, and for many other projects of a similar nature.

The research programme of the National Committee is of particular interest.

For the last three years the Committee has been working out a research policy in co-operation with Canadian universities. Satisfactory arrangements have been made at McGill University and the University of Toronto with a beginning at the University of Manitoba. The National Committee provides a portion of the salaries of research workers and the universities concerned grant the remainder. At present sixteen psychiatrists and psychologists are employed on this co-operative basis, and studies are being prosecuted that may throw light on the causation, development, treatment and prevention of mental disorders.

In commenting on the research policy of the National Committee Dr. George E. Vincent remarked: "Should the Canadian Committee develop independent research or co-operate with Universities? There is no doubt as to the answer. The policy that has been adopted by this Committee is an enlightened, sound and statesmanlike policy, to develop and place in university centres of Canada men and women who are interested in mental hygiene problems, who will be able to establish permanent, enduring centres of research activity and the practical application of its findings. It is

hoped, and I am sure it is the object of the Committee, to work itself out of existence at the earliest possible time—at a time when mental hygiene permeates and forms an integral, essential and organic part of the life of the country."

The Committee has been successful in securing funds from public spirited Canadians, from Governments, from Corporations, and from the Rockefeller Foundation. It expends approximately \$50,000 per annum on its work. In co-operation with the Rockefeller Foundation and the Laura Spelman Rockefeller Memorial it has sent thirteen Canadians abroad to study mental hygiene, at an additional approximate cost of \$25,000. These Canadians will return to exert leadership in the Dominion.

It would seem that the prediction of the late Sir William Peterson is coming true when he said in 1918: "I consider that the organization of this National Committee will prove to be one of the most significant developments in the history of public health in Canada."

The medical profession is vitally interested in the Mental Hygiene Movement; and wishes the National Committee the greatest possible measure of success in its splendid work.

C. M. HINCKS

THE CANADIAN COUNCIL ON CHILD WELFARE

BEHIND the actions of governments lies public opinion. Undoubtedly their actions may not always express the opinion of a majority of the electorate; the reason for this usually is that the majority of the electorate have no opinion on many matters.

It is necessary, therefore, that those who have an opinion, those who are thinking along certain lines, should be in a position to express their views to their respective governments. They should also be prepared to explain their ideas to the people, as well as to support the actions of governments if their opinions are acted upon.

The Canadian Council on Child Welfare brings together those who have

worked and studied in the field of child welfare. It, therefore, voices the opinion of that group. As a council it is divided into sections, one of these being that on Child Hygiene. This particular section is interested in all phases of child welfare which have to do with the health of the child.

While the interest of this section is primarily that of health, it is quite evident that there is no phase of child welfare work in which the health side can be neglected, nor, indeed, is there any work for children in which those interested in child hygiene have not an interest.

For example, the question of child immigration (studied by the Council since